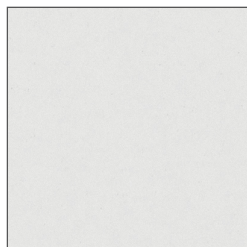




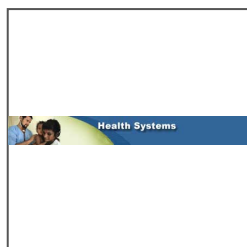
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Health Systems - Traditional Healer Services

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Definition

Traditional healer services refers to the application of knowledge, skills, and practices based on the experiences indigenous to different cultures. These services are directed towards the maintenance of health, as well as the prevention, diagnosis, and improvement of physical and mental illness. Examples of traditional health service providers include herbalists, faith healers, and practitioners of Chinese or Ayurvedic medicine. In contrast, allopathic service providers are those trained in western medicine.

Status of Traditional Healer Services

Traditional Healers (THs) play a significant role in a health system. THs are usually informal, unrecognized by the government, and do not interact with the rest of the health system. Yet they can be a formal part of a system. For instance, in Nepal, there is a formal training program and a department of Ayurvedic medicine within the Ministry of Health. Moreover, in China, practitioners of Chinese medicine are formally recognized.

Populations throughout Africa, Asia, and Latin America use traditional medicine to help meet this primary health care needs.

- In Africa, up to 80% of the population uses traditional medicine to help meet health care needs.
- In China, traditional medicine accounts for about 40% of all health care delivered.

WHO: Traditional Medicine (2003) notes that THs are especially significant in developing countries because they are more accessible and affordable. In addition, they are more socially accepted as compared to formally trained health workers from the urban areas.

- In Uganda, the prevalence of THs is 50-100 times more than that of allopathic providers.
- THs are more affordable, especially for the poor. For example, in Ghana and Kenya a course of pyrimethamine/sulfadoxine antimalarials can cost several dollars, but herbal medicine for treating malaria is considerably cheaper, and the cost is often adjusted to the wealth of the patient.

THs have also been shown to have greater leverage in treating illnesses where behavior change is needed (ie STDs) because they are often integrated and accepted in a community. Particularly, they are influential in reaching and changing the behavior of low-status, stigmatized patients, who often avoid public providers or are neglected by the public health system.

Issues in Traditional Health Delivery

Several issues limit the improvement of TH services. Lack of collaboration between THs, poor skills of THs, and inadequate documentation of the safety/efficacy of TH services are some of the main issues. Collaboration -- Because of the large variation in types of THs and lack of a central organization, there is often a lack of collaboration among THs in developing countries.

- In Uganda, Birungi (2001) found that the absence of a central TH association made it difficult for the public sector to collaborate with THs to improve overall health services.

Skills - THs often have poor biomedical knowledge, which leads to harmful procedures to patients.

- Chifakacha (1997) studied THs in Botswana and found that they had inadequate knowledge on the risks of HIV transmission through blood products.

Documentation - If there is a lack of documentation on the safety and efficacy of TH services, the government cannot include such treatments in national programs to reduce its disease burden.

- Bodeker (2000) pointed out that many TH services for AIDS prevention and care in low- and middle- income countries lack the evidence-base to convince governments to support such services.

Additionally, because public officials and allopathic physicians tend to have biases against working with

THs due to prejudice or fear of competition, TH services are not officially recognized and supported in a national health system

Trends in Traditional Health Services

Factors that contribute to the success of traditional healer services have been identified by different community initiatives. Training, documentation, and promotion of collaboration were key elements of these initiatives. Policy makers can learn from such lessons.

Training -- This approach improves THs' knowledge and skills, especially in relation to biomedical information that are important for the illnesses they most often treat.

- Homsy (1996) and Hoff (1997) studied training interventions of THs in HIV and primary care services and found positive results.

Evidence - This approach develops evidence on the safety/efficacy of TH services.

- Homsy (1999) evaluated the potential effectiveness of herbal treatment used for herpes zoster in Uganda. Results showed healer services are effective.
- Homsy (1996) noted that one organization, Traditional and Modern Health Practitioners Against AIDS (THETA), aimed to evaluate herbal treatments specific to HIV/AIDS through clinical trials.

Collaboration - This approach strengthens the organization of traditional healers so that knowledge and skills can be shared, and so that governments can more effectively work with THs.

- Warren (1982) documented the development of an organization in Ghana, called The Ghana Psychic and Traditional Healers Association, which encouraged public sector-TH communication and collaboration.

Key References

World Bank

- Leonard, K. (2001). [African Traditional Healers: The Economics of Healing](#). Washington, World Bank.
 - ▶ Examines why and for which conditions people choose to use TH services. Discusses this approach in terms of creating an incentive for THs to provide quality care.

External

- Chipfakacha, V. (1997). "STD/HIV/AIDS knowledge, beliefs and practices of traditional healers in Botswana." *AIDS Care*, 9(4): 417-425.
 - ▶ Documents that THs in Botswana have some practices and beliefs that present high risks of HIV

transmission.

- Homsy, J. and R. King (1996). "The role of traditional healers in HIV / AIDS counselling in Kampala, Uganda. Key issues and debates: traditional healers." Soc Afr SIDA,(13): 2-3.
 - ▶ Discusses an HIV/AIDS training program for THs in Uganda. Results show that THs were responsive to the training, warning their clients about high risk behavior.
- Homsy, J., E. Katabira, D. Kabatesi, F. Mubiru, L. Kwamya, C. Tusaba, S. Kasolo, D. Mwebe, L. Ssentamu, M. Okello and R. King (1999). "Evaluating herbal medicine for the management of Herpes zoster in human immunodeficiency virus-infected patients in Kampala, Uganda." J Altern Complement Med, 5(6): 553-65.
 - ▶ Evaluates the potential effectiveness of herbal treatment used for herpes zoster (HZ) by people living with AIDS. Finds that this treatment was an important local and affordable primary care alternative for the management of HZ.
- UNAIDS (2000). Collaboration with Traditional Healers in AIDS prevention and care: A Literature Review. Geneva, UNAIDS.
 - ▶ Conducts case studies of several African nations working with THs to provide HIV/AIDS prevention and care. Reviews projects in terms of effectiveness, efficiency, ethical soundness, and sustainability. Offers lessons for future training and collaboration efforts.
- World Health Organization (2003). Report on WHO Traditional Medicine Strategy 2002-2005. Geneva, World Health Organization.
 - ▶ Discusses the role of WHO towards traditional medicine. Encourages health policy makers to take into account the existence of the TH sector and to be more proactive in including them in policy initiatives and programs where appropriate. Develops a strategic framework for improving the integration of Traditional Medicine in overall health service provision.

Resource People

- [Dr. Kasilo Ossy](#), Regional Advisor for Traditional Medicine, WHO Regional Office for Africa

Useful Websites

- [WHO: WHO Policy and Strategy on Traditional Medicine](#)
 - ▶ Discusses the role of traditional medicine in health care systems, current challenges and opportunities and WHO's role and strategy for traditional medicine. This resource contains the full-text of the strategy and supporting documents and relevant press releases
- [Yahoo: Directory for Traditional Medicine](#)
 - ▶ Provides links to various traditional medicine organizations, including those originating from China, India, and South America.

Additional References

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private mix in the Ugandan health sector: catching up with reality." Health Policy Plan, 16 Suppl 2: 80-7.

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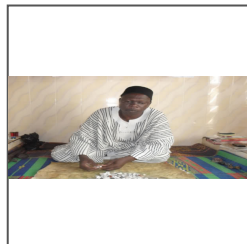
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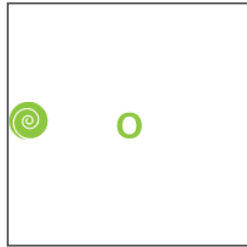
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